APPLICATION				
ame of Applicant:	Organization (if applicable)			
Don Allison	The Eastern State of 20 Mile			
Mailing Address				
4332 Avalon br.	Sharon, MA 02 067			
Contact Person:	Contact Person who will be present at Event ¹ :			
Don Allison	Same			
Contact Person Phone Number:	Contact Person will be present at Event Phone Number: Same			
Contact Person Cell Number:	Contact Person will be present at Event Cell			
617-835-2378	Nümber: Samy			
Description of Event (Please Attach Additional Sheet	s of Paper if description cannot fit in the space			
provided: The Eastern State	or 20 Mile in a			
Seacoast roadrace fr				
to Stabrock, benefiting many local				
Charities. The race is run on Route 1A (with				
and Dorpermit). The event does not preclude vehicular troffic, thus we hiretown police detail officers for all intersections.				
preclude vehicular treffic, thur we hiretown				
police detail officero for all intersections				
Location of Event: Description of Event:	plan io attached.			
Route /A				
Date(s) of Event:	Hours:			
3/25/2018	From 11.00 a.m. End: 3:10p. m.			
Estimated Attendance:	Minimum No.: End: 3:10p. M			
1000				
Types of Alcohol to be served:				
Mone				

¹ Applicant must be reachable during the entire event at a moment's notice.

The following facilities will be available for the event:

Sanitation:	No. of Units:	Male:	Female:	
porta potties	2	/		
l hat a carried by forces		^		
for runners	at aid stat	ion, trom our	own gollon jug	
Food will be served from	and/or by:		2 0 9	
	NIA	and the second s		
Beverages will be served	from and/or by:	4		
Volunt	eers at aic	d Station		
Illumination after dark will	be provided by			
·	NH			
Medical and First Aid Provided by:				
on-call EmTandambulance				
Traffic Control Provided by: No. of officers:				
town hired police detail 3				
Parking for	is planned.	A CONTRACT OF STREET OF STREET	.mo contrares in trade to the second	
Attach plan of exact parking location and exact route to be kept open for emergency vehicles				
Not applicable. Explain: TUNNUS WILL NOT Park in North Hampton				
INVINO	Will was book			

Name of Promoter or Applicant: Don Allison			
Don Allison	And the second s		
Mailing Address: Sharon, MA H332 Avalon Dr. 02067	Phone: 617 - 835-2378		
Email: Opn-allison@comcast.net	Cellular Phone: 6/7-835-2378		
I Don A Lison, do here by accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do here by certify that the above is true. Signature: Date:			
Name of Property Owner (The following MUST BE completed by the owner of the property involved):			
Mailing Address:	Phone Number:		
Email:	Cell Phone Number:		
I have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.			
Signature:	Date:		

DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE	ONLY
Departmental Approvals: Please attach any comments or special requirement	its to this application
Fire Chief Signature of Approval:	Date:
MUULUI	1/18/18
Building Inspector Code Enforcement / Health Officer Signature of Approval:	Date
Joseph Brose Ch	1/18/18
Administrator of Planning & Zoning Signature of Approval:	Date:
Bishael Michan	1/18/18
Director of Public Works Signature of Approval:	Date:
	1/19/18
Police Chief gradure of Albridge.	Date: /
	1/9/18
Department comments or additional conditions:	1/1/0
See Attached Memo from Fire See Attached Memo from Fire	
See Mineral Man Commission	
See Attached Memo Trovo	
E. H. L. A. L. B. E. E. L. B.	4
Applicant: I do hereby agree to the additional requirements:	-
Applicant's Signature:	Date:
PERMIT	
☐ Denled Reason:	
Michael E. Maddocks Chief of Police	Date:
□ Approved	
Michael E. Maddocks	
Chief of Police	Date:
Select Board Signatures: (If Required under Ordinance amended 3/11/2014)	Date:
	ŀ

RE:

Large Assembly Application for Eastern States 20 Mile Road Race

The Police Department recommends approval of the Large Assembly Application based on the following conditions:

- The Police Department requires three detail officers from North Hampton Police Department or one of the approved Mutual Aid communities be assigned to this outside detail. The location and scheduling will be determined by the Police Chief or designee. All traffic control will be conducted by personnel from the Town of North Hampton.
- 2. The Parade Permit attached to the application will need to be approved.
- In the event there is an outside law enforcement agency that wishes to participate in the event as an escort using emergency warning devices, advanced written approval must be obtained from the Chief of Police or designee.

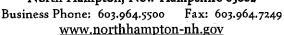
Mickael T. French

Interim Police Administrator



NORTH HAMPTON FIRE & RESCUE

235 Atlantic Avenue North Hampton, New Hampshire 03862





To:

Michael French - Interim Police Administrator

John Hubbard - Director of Public Works

Glen Bosworth - Code Enforcement and Building Inspector

From: Michael Tully - Chief of Fire & Rescue

Date: January 18, 2018

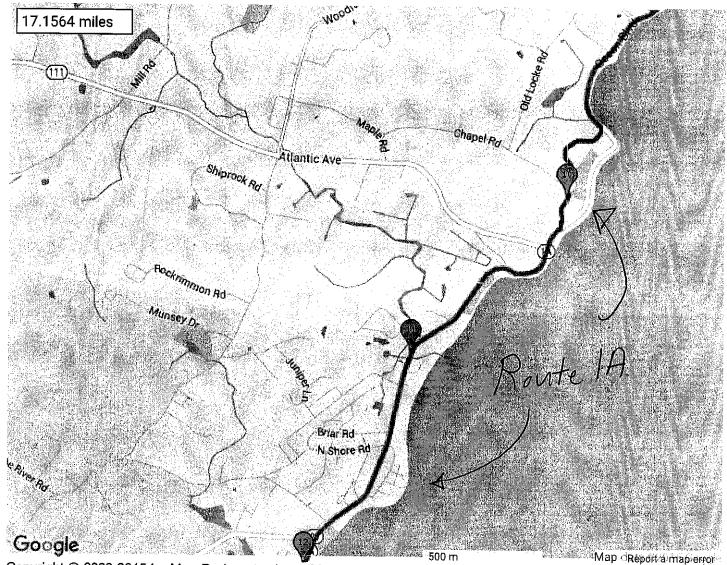
Re: Large Assembly Application

The Eastern States 20 Mile Road Race - March 25, 2018 (Sunday)

- There is a condition of a minimum requirement of one (1) certified EMT on site in North Hampton. Any Detail EMT must be either a North Hampton Fire & Rescue EMT or a privately hired EMT if no North Hampton Personnel are available. It is the responsibility of the organizer to call the Fire Department in advance to schedule the detail.
- Emergencies in North Hampton requiring transportation to local hospitals will be completed by the North Hampton Fire & Rescue.

Michael J. Tully

Chief of Department



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RACE ROUTE IN NORTH HAMPTON ERSTERN STRTES 20 MILE

PRINT DATE: 12/13/2017 CERTIFICATE OF INSURANCE CERTIFICATE NUMBER: 20171024567430 AGENCY: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES Integro USA Inc. d/b/a Integro Insurance Brokers NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 2727 Paces Ferry Road, Building Two, Suite 1500 Atlanta, GA 30339 678-324-3300 (Phone), 678-324-3303 (Fax) INSURERS AFFORDING COVERAGE: NAMED INSURED: The Eastern States 20 Mile USA Track & Field, Inc. INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058 130 East Washington Street, Suite 800 INSURER B: Philadelphia Indemnity Ins. Co. NAIC #: 18058 Indianapolis IN 46204

EVENT INFORMATION:

Eastern States 20 Mile and Run for the Border Half Marathon (3/25/2018 - 3/26/2018)

POLICY/COVERAGE INFORMATION:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:						
A GENERAL LIABILITY											
	X Occurrence	PHPK1721333	11/1/2017 11/1/2018 12:01 AM 12:01 AM		GENERAL AGGREGATE (Applies Per Event)	\$3,000,000					
	X Participant Legal Liability			EACH OCCURRENCE	\$1,000,000						
					DAMAGE TO RENTED PREMISES (Each Occ.)	\$1,000,000					
				MEDICAL EXPENSE (Any one person)	EXCLUDED						
					***				***	PERSONAL & ADV INJURY	\$1,000,000
				PRODUCTS-COMP/OP AGG	\$3,000,000						
В	UMBRELLA/EXCESS LIABILITY										
	V Convergeo	11/1/2017 12:01 AM	11/1/2018 12:01 AM	EACH OCCURRENCE	\$10,000,000						
	And American Control of the Control		12.01 AW	12.01741	AGGREGATE (Applies Per Event)	\$10,000,000					
					THE RESERVE THE PROPERTY OF TH						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured per the following endorsement: Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01)

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

CERTIFICATE HOLDER:	NOTICE OF CANCELLATION:
Town of North Hampton PO Box 710 North Hampton NH 03862	Should any of the above described policies be cancelled before the expiration date thereof notice will be delivered in accordance with the policy provisions.
	AUTHORIZED REPRESENTATIVE:
	21

STATE OF NEW HAMPSHIRE

Application for Parade Permit or Other Activity Conducted on State Highway System

To:

Department of Transportation Transportation Management Center PO Box 483, 110 Smokey Bear Blvd Concord, New Hampshire 03302-0483 Phone (603) 271-6862 Fax (603) 271-6862 Fax (603) 271-8626 Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system. Indicative data is shown below: Type of activity? If so, what type (foot, bike, etc.)? Will event effect highway safety? Will highway traffic be delayed? If so, how long? Will highway traffic be detoured? Name of sponsoring organization: Mail permit to: Phone no. where I may be reached: Purpose of activity: Name of Municipality: Date of activity: Name of Municipality: Date of activity: Starting and ending times: State route(s) to be traveled: Traffic control provided by: Approved, by Toya Officials Signed by Selectmen / Toya Manager / Police Chief (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided. Recommended:		Today's Date 12/1/2017
PO Box 483, 110 Smokey Bear Blvd Concord, New Hampshire 03302-0483 Phone (603) 271-8626 Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system. Indicative data is shown below: Type of activity? If so, what type (foot, bike, etc.)? Will event effect highway safety? Will highway traffic be delayed? If so, how long? Will highway traffic be detoured? Name of sponsoring organization: Mail permit to: Phone no. where I may be reached: Purpose of activity: Purpose of activity: Name of Municipality: Date of activity: Starting and ending times: State route(s) to be traveled: Traffic control provided by: Approved by Town Officials Signed by Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	Department of Transportation	•
Concord, New Hampshire 03302-0483 Phone (603) 271-8626 Fax (603) 271-8626 Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system. Indicative data is shown below: Type of activity? If so, what type (foot, bike, etc.)? Will event effect highway safety? Will highway traffic be delayed? If so, how long? Will highway traffic be detoured? Name of sponsoring organization: Mail permit to: Phone no. where I may be reached: Purpose of activity: Name of Municipality: Date of activity: Name of Municipality: Date of activity: Starting and ending times: State route(s) to be traveled: Traffic control provided by: Approved by That Officials Selectmen / Town Manager / Police Chief (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	Transportation Management Center	•
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Date of activity: Starting and ending times: State route(s) to be traveled: Traffic control provided by: Approved by Town Officials Selectmen / Town Manager / Police Chief (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	Name of Municipality:	North Hampton
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Selectmen / Town Manager / Police Chief (Applicant) (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	Traffic control provided by:	Local hired police detail
Selectmen / Town Manager / Police Chief (Applicant) (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	Approved by Town Officials	
Selectmen / Town Manager / Police Chief (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided. (Applicant)	while the way of the same of t	
Selectmen / Town Manager / Police Chief (circle one) Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.	* IMMANY	Signed by
Please attach a simple map or sketch plotting the <u>start</u> , <u>finish</u> , <u>route(s)</u> of <u>travel</u> , <u>detour(s)</u> , and <u>parking area(s)</u> if provided.	Selectmen / Town Manager / Police Chief	
Please attach a simple map or sketch plotting the <u>start</u> , <u>finish</u> , <u>route(s)</u> of <u>travel</u> , <u>detour(s)</u> , and <u>parking area(s)</u> if provided.		(7 ppilouit)
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and parking area(s) if provided.	Please attach a simple man or sketch plotting the st	art finish routo(s) of traval determ(s)
Recommended:		art, mish, route(s) of travel, detour(s),
	Recommended:	
District Engineer	District Engineer	

Eastern States 20 Mile and the Run for the Border Half Marathon Safety Plan

The start of the 20-mile is located at the Traip Academy high school in Kittery. Runners gather in the parking lot, and turn right onto the road, which is managed by two Kittery police detail officers. The half marathon starts at the Wallis Sands State Beach Park, and is similarly managed by two Rye police detail officers.

Every major intersection along the entirety of the route is managed by paid police detail officers. In addition, non-trafficked turns are managed by veteran course marshals.

There are seven aid stations along the route. Each aid station is managed by a running organization, led by veteran runners. These volunteers are well versed in running, and are thus well trained in recognizing and dealing with emergencies that may arise at their aid stations.

At the rear of the race a "SAG" vehicle follows the last runners. This vehicle picks up any runners who need to drop out of the race and/or may be experiencing medical issues. If a runner drops out of the race, he or she is driven to either the next aid station or at the finish of the race.

The Rockingham ambulance company is contracted for the duration of the race. The EMT workers assigned to the ambulance are trained to deal with any medical emergencies that may arise. They patrol the course during the race, and are stationed at the finish line as the runners complete the race.

All aid station volunteers, key race personnel, and medical workers are given a laminated sheet with all necessary phone contact information, including emergency contact numbers, to use during the race.

For all of the 22 years the Eastern States 20 Mile and the Run for the Border Half Marathon have been held, the safety of all participants and race personnel has been of the greatest importance. We will continue to stress that in the 2018 event.

NORTH HAMPTON POLICE

December 20, 2017

Town of North Hampton 237 Atlantic Avenue North Hampton, NH 03862 Attn: town administrator

Dear Madam/Sir,

Please find the town permit form for the Eastern States 20 Mile road race, scheduled for March 25, 2018.

Also enclosed is the certificate of insurance with Town of North Hampton named, as well as the state of New Hampshire parade permit, which needs to be signed and sent back to me. I have enclosed a stamped envelope.

I will work with the police department to arrange the police detail. This will be the 23rd year we have conducted the event. We have an excellent safety record and abide by all town and state regulations.

Thanks very much and let me know if you need anything else.

Sin**c**erely,

Dan Allison, race director

617-835-2378

don-allison@comcast.net